—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 40729

FILED DEC 2 1947

Registration District No. 365 Primary Registration District No. 6240 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Palmer Harmony
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Palmer
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allie Webb
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward Webb
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct. (Month) 5 (Day) 1882 (Year)

8. AGE: Years 65 Months Days 29 If less than one day hr. min.

9. Birthplace Palmer (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House work
11. Industry or business None
FATHER
12. Name Andrew Scott
13. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Sarah Martin
15. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Edward Webb
(b) Address Palmer Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Palmer Mo
18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi Mo.
19. (a) 11-26-47 (Date received local registrar) (b) Ella S. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1947 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Sept 1947 to Nov 4 1947 that I last saw her alive on Sept 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix
Due to Uteri
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. F. Cresswell M.D. (M. D. or other)
Address Potosi Mo Date signed 11/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1247-14
Date Filed 12-1-47

DEC 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.